

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>		<i>09-25-01</i>
O.I.P.E. CLASSIFIER		<i>1-1</i>	
FORMALITY REVIEW	<i>TD</i>	<i>751125</i>	<i>10/23/01</i>
RESPONSE FORMALITY REVIEW	<i>& AM</i>	<i>917</i>	<i>11-30-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	30	
2	✓	31	
3	✓	32	
4	✓	33	
5	✓	34	
6	✓	35	
7	✓	36	
8	✓	37	
9	✓	38	
10	✓	39	
11	✓	40	
12	✓	41	
13	✓	42	
14	✓	43	
15	✓	44	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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4.51
12/23/01